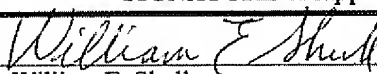


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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/600,991																												
	Filing Date	June 19, 2003																												
	First Named Inventor	Dingding CHEN																												
	Title	Processing Well Logging Data . . .																												
	Art Unit	2129																												
	Examiner Name	B. J. Buss																												
	Attorney Docket No.	1391-20308																												
<b>I hereby revoke all previous powers of attorney given in the above-identified application.</b>																														
I hereby appoint:  <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="float: right;">→ 46133</span> <b>OR</b> <input type="checkbox"/> Practitioner(s) named below:  <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					Name	Registration Number																								
Name	Registration Number																													
Please recognize or change the corresponding address for the above-identified application to: <input checked="" type="checkbox"/> The above-mentioned Customer Number. <b>OR</b> <input type="checkbox"/> The address associated with Customer Number <b>OR</b>																														
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">           Firm or  <input type="checkbox"/> Individual Name         </td> <td colspan="4"> </td> </tr> <tr> <td>Address</td> <td colspan="4"> </td> </tr> <tr> <td>City</td> <td> </td> <td>State</td> <td> </td> <td>Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td colspan="4"> </td> </tr> <tr> <td>Telephone</td> <td> </td> <td>Fax</td> <td colspan="2"> </td> </tr> </table>					Firm or <input type="checkbox"/> Individual Name					Address					City		State		Zip		Country					Telephone		Fax		
Firm or <input type="checkbox"/> Individual Name																														
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I am the: <input type="checkbox"/> Applicant/inventor Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. <b><i>Assignment Recorded 06/19/2003 at Reel/Frame014224/0329</i></b>																														
<b>SIGNATURE of Applicant or Assignee of Record</b>																														
Signature			Date	June 30, 2006																										
Name	William E. Shull		Telephone	(713) 839-4501																										
Title and Company	Senior Vice-President and Chief Patent Counsel, Halliburton Energy Services, Inc.																													
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																														
<input checked="" type="checkbox"/> *Total of <u>  1  </u> forms are submitted.																														

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